

**IHS Integrated Diabetes Education Recognition Program**  
**Sample Tribal Commitment Statement**  
(Tribal Letterhead)

<<Date>>

Director  
IHS National Diabetes Program  
5300 Homestead Road NE  
Albuquerque NM 87110

Director:

This letter is in support of the services provided by the (Program Name). We strongly support the provision of culturally sensitive diabetes education services for people in our community.

Sincerely,

Name  
Title

**Source: IHS Integrated Diabetes Education Recognition Program Sample Materials**

IHS Integrated Diabetes Education Recognition Program

SAMPLE Tribal Commitment Statement

Dear Phoenix Service Unit Tribal Health Consortium representative,



For your convenience, we are offering this form for your signature. This form helps show your need and support for high quality diabetes education programs in the Phoenix Service Unit. Please feel free to write a different letter or provide any other documents if you wish.

Statement of Support for Diabetes Education

Diabetes is an important issue facing American Indian/Alaska Native people served by the Phoenix Service Unit. Long-term complications, including dialysis, amputations, heart attacks, vision problems and other equally disabling conditions are resulting from uncontrolled diabetes. Research has shown that with healthy behavioral changes, diabetes can be prevented in high-risk populations. Research has also shown that improving blood glucose control early in the disease process can prevent or delay these long-term complications.

Learning to live with diabetes and prevent diabetes is a challenge. For most people, lifestyle behavior changes are needed to achieve blood glucose control. The process of change is complex and can be enhanced by empowering persons with diabetes with the knowledge and skills to make healthier life style choices and changes.

We support the delivery of diabetes self-care management and education activities for our community members who receive these services throughout the Phoenix Service Unit.

  Diabetes Prevention Co-Project Director  
Name and Title

  Indian Tribe  
Community

August 6, 2003  
Date

## Division of Health Administration

**WHEREAS, The** \_\_\_\_\_ **Nation that improving the ability of tribal systems to provide this intervention in a consistent manner over a long period of time will have the greatest chance of impacting diabetes favorably**

**NOW THERE FOR IT BE RESOLVED THAT:**

That the ) Nation supports diabetes care that:

- 1) Provides community activities that reduce the risk for type 2 diabetes in Creek Citizens of all ages, and
- 2) Provides diabetes self management education as an initial and continuing intervention to persons with diabetes, and
- 3) Provides team based diabetes care that includes provision of self management and clinical supplies and services in an equitable way across clinic populations with emphasis on early prevention, and
- 4) Recruits and hires professional with high level of expertise in diabetes care and supports existing staff with continuing education that prepares them to provide current, informed and highly skilled diabetes care, and
- 5) Facilitate professional care through data systems that provide accessible, timely information for clinical decision making, and
- 6) Meets national standards of diabetes education and clinical care, and
- 7) Communicates the impact of this care to the ) Nation Health Systems Board on a regular basis

**ENACTED** by the

) Nation Health Systems Board on this 23<sup>rd</sup> day of July, 2001

**IN WITNESS THEREOF**, the Chairman of the  
to attached his signature.

) Nation Health Systems Board has here

**CERTIFICATION**

I, the undersigned, certify that the foregoing is a true extract from the minutes of the ) Nation Health Systems Board comprised of five members with 4 members attending this meeting on the 23<sup>rd</sup> day of July, 2001, and that the above HSB 2001-70 is in conformity with the provisions therein adopted by a vote of 4 in favor, 0 against, 0 and 0 abstentions, and that said Resolution has not been rescinded or amended in any way and the above signature of the Chairman of the Health Systems Board.

**Source: Muscogee (Creek) Nation Diabetes Program**

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